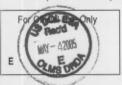
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 204/	2. Fiscal Year Covered From: 09 / 01 / 2003 Through: 08 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name LYNNE & MIGRAW	Name OAPSE		
	Labor Organization File Number 5/3-868		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1258 SOMERSET WAY	Street 6805 OAK CREEK DR.		
City PICKERINGTON	City COLUMBUS		
State 04 ZIP Code + 4 43/47	State 0 H ZIP Code + 4 43229		
5. Position in labor organization. DIRECTOR OF ACCOUNTING.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompart undersigned's knowledge and belief, true, correct, and complete. (See the solutions)	of Perjury and other applicable penalties of the law, that all of the information hying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) On 4/28/05 (614) 890 - 4770 Date Telephone Number		

Name of Person Filling LYNNE E. Mc.	GRAW PILE NUMBER 0- 20	19/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered unde	12.b. Amount. er parts A and B above)		
or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name APT MCGUIRE, NW INS. Trade Name, if any:	14.a. Nature of payment. RESTAURANT GIFT CERTIFICATE		
P.O. Box, Bldg., Room No., if any Street			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	25.00	